PROVINCIAL PUBLIC HEALTH DEVELOPMENT IN WARDAK PROVINCE

Comments for ACBAR
17 October 1990

We learned from the letter which has been sent by CMC, that there are two points to discuss. These points arose from the October 3, 1990 ACBAR Special Meeting on Health Care in Wardak.

1. The first is the workplan of MOPH for Wardak.
2. The second is, what is the practical way for MOPH and PVO's to work together and finally to set up a health system in Wardak and an integrated health pyramid this province?

According to MOPH masterplan there are four phases for provincial health services development:

1. Planning
2. Early implementation
3. Expansion
4. Complete reconstruction

Let's focus on Wardak:

PHASE I -- Steps of Phase I were the following:

a. Selection of a person as Provincial Public Health Director (PPHD).
b. Exploratory survey by PPHD or Deputy PPHD, which was focused on the existence and functioning of health facilities and staff, estimating population around each facility, and distribution of facilities in respect to parties and committees.
c. Local support from commanders and parties through MOPH (personal meetings and joint meetings with most commanders of Wardak at MOPH).
d. Provincial plan based on problems, data, priorities, possibilities and time period.
e. Comprehensive provincial health resources survey (staff facilities, location, type of building, water supply, transportation and much more details) throughout Wardak (Saidabad Chack, Jaghto, Merkaz & Behsood).
f. Analysis of survey; development and completion of the provincial plan.
g. Discussion & agreements with PVOS (Swedish Committee, Freedom Medicine, Afghan-German Committee, MDM, and others).

The above steps were phase one, which has been already passed in Wardak.

PHASE II -- Now we are in phase II in Wardak, which includes the following steps:

a. Temporary provincial office is already established in Jaghto district and remodeling work of building is about to be completed.

b. Establishment of priority public health services:

- Basic health services
- M. C. H
- Control of disease (Diarrhea, ARI, Malaria, TB, Immunization for 5 diseases)
- Training

The Deputy PPHD, Dr. Barialay, is responsible for Basic Health Services. We are orienting one talented mid-level health worker, who is already appointed as supervisor of BHW's. Dr. Barialy will supervise health centers clinics or we may hire an assistant doctor or senior nurse will do supervising of mid-level health workers.

A doctor (MD) will be responsible for control of disease and work for this section .

Training -- There will be three types of training:

(1) BHW Initial and Refresher courses: The first intitial BHW training course will be opened in November 1990 (Dr. Fatimie from the MOPH Insititute of Public Health can explain details).

(2) In-service training (continuing education) for MD doctors, nurses and midlevel or advanced midlevel health workers at these hospitals. Training will be provided at these hopsitals:

* Islamic commanders hospital which is located in Jaghto, run by MDM.
* Afghan German hospital which is located in Chack
* Alghezali hospital, Chack, in the past run by Arabs
' Saidabad - IMC

(3) Local in-service training for BHW's and midlevel workers through a training responsible who is appointed. There might be a training office with publications, training materials, small (low cost) projector working at a center office or be mobile.

For MCH we are looking for a female doctor with few female health staff.

The remaining parts of Phase II works are:

a. To upgrade some Basic Health Centers to Comprehensive Health Centers. For instance, where there is center with doctor in the right location, it is reasonable to add a field laboratory with a few beds. We started from Amanullah Roghton which is located in Jaghato

b. To renovate or establish permanent (stones and cement) buildings for health facilities. These could be new buildings with new staff and new supplies or new buildings just for previous facilities centers -- just shift the staff and supplies from muddy Qala to a stone-cement made building. Afghan Health and Development Services (AHDS), which is supported by WHO, has started to share in this part with MOPH.

c. We will try to find or have built a warehouse to arrange local supply -- first for BHWs, then for clinics.

After these steps, then phase III and IV will come. It is early to talk about these phases now.

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The second question we were asked: How does the MOPH envision working with POV's health project in Wardak?

We have two suggestions:

1. This common work between the PPHO/MOPH and PVOs can be done together in comprehensive projects and activities or can start from some areas.

2. The work can be step wise, and according to agreements and contracts.

Let me talk about some practical steps:

1. Meetings to get agreements about provincial health system, common goals and practical steps.

2. Workshops in Wardak province with staff from PPHO and PVO health centers to discuss patient referral and health management and to discuss ways of combatting the major health problems in Wardak. PVOs would be asked to send clinic staff and MD doctors to participate in this workshop.

3. Development of a common supervision system with PPHD of Wardak, to do in all over supervision of all facilities and staff in their work.

4. Classification of health facilities which should be based on an consistent and agree upon standard such as that used by ACBAR and the MOPH.

5. Development of a job description for BHWs, midlevels, nurses -- and description of responsibilities for health posts, Basic Health Centers, and Comprehensive Health Centers.

6. Setting up of a good referral system and mechanisms based on the proper classification of health facilities and job descriptions (that is, capability) of health staff.

7. Common provincial office -- Can be separate branches working in cooperation and coordination or one office with different staff from the PPHO/MOPH and PVOs working together.

8. Setting up of a supervision system according to the scheme of an integrated health pyramid and assign CHC to supervise BHW etc.

9. Common warehouse (MOPH + PVO's), common supply, and locally distributed salaries and collection of reports.

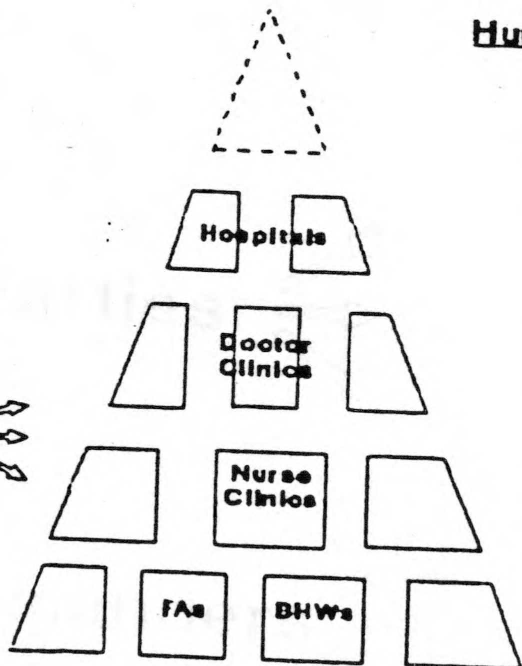
Finally, together we hope to achieve a unified health system in the province, a well integrated health pyramid, and complete reconstruction or new establishments.

Thank you.

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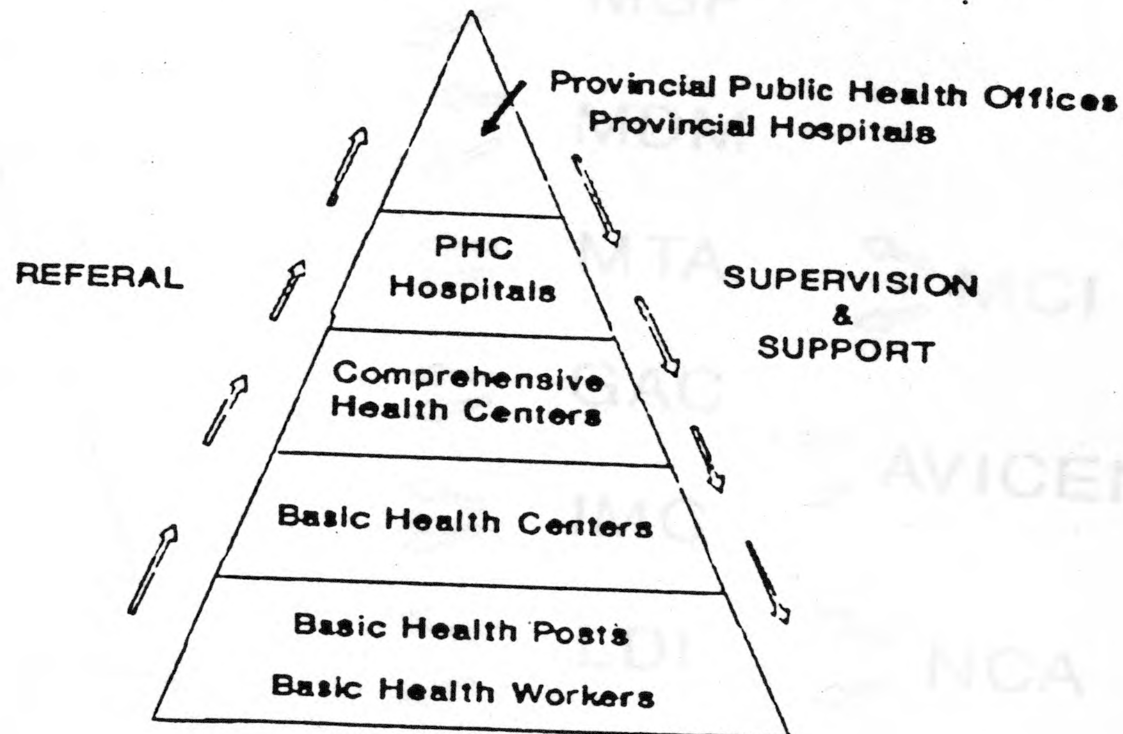
Re-Integrating the Afghanistan Health Pyramid

PRESENT HEALTH NON-PYRAMID IN AFGHANISTAN

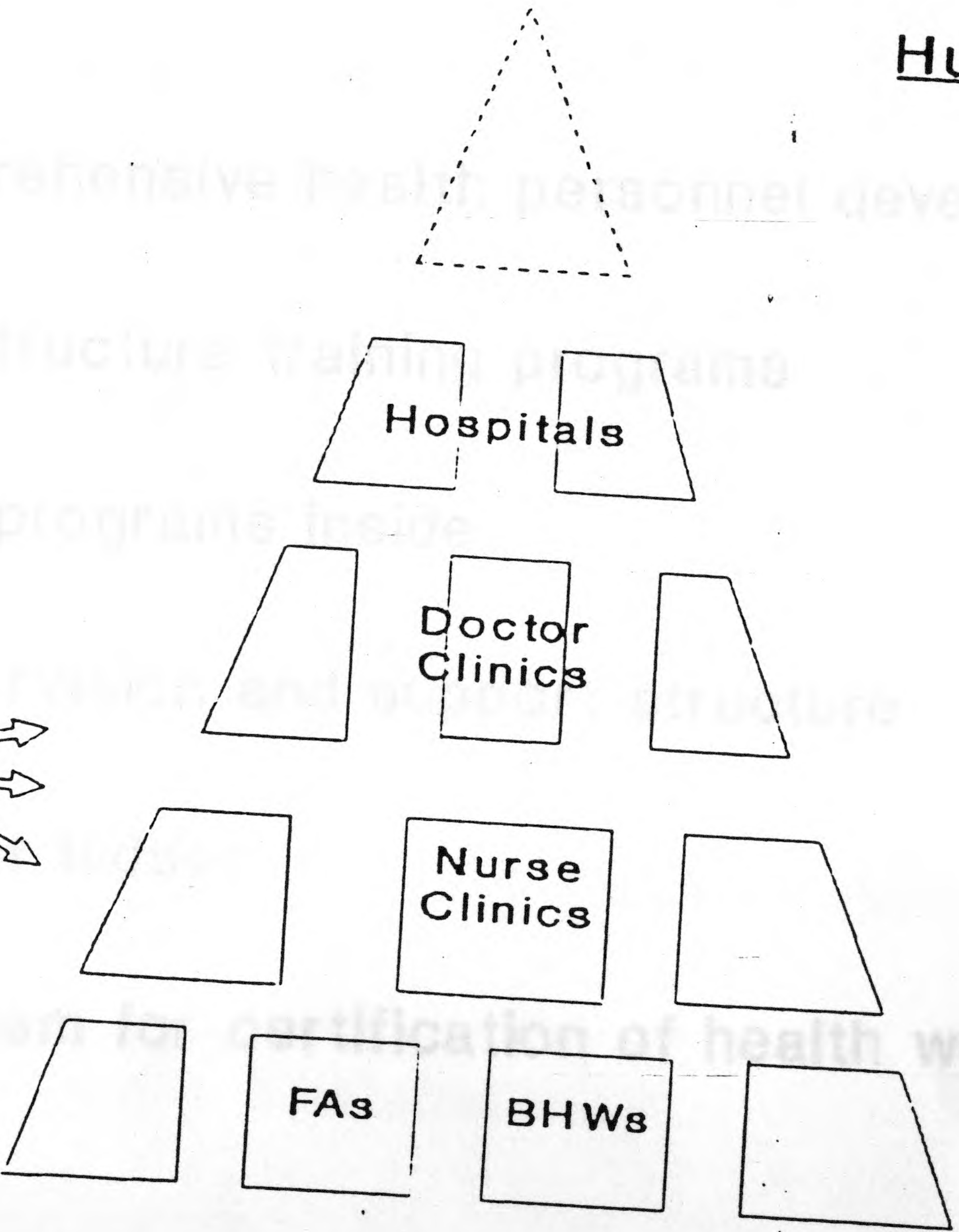




FUTURE AFGHANISTAN HEALTH PYRAMID



PRESENT HEALTH NON-PYRAMID IN AFGHANISTAN



Rural Afghanistan 1990
STRATEGIES FOR HEALTH PERSONNEL RE-DEVELOPMENT

- prepare comprehensive health personnel development plan
- reorient & restructure training programs
- move training programs inside
- establish supervision and support structure
- create a career ladder
- develop a system for certification of health workers

Rural Afghanistan 1990

STRATEGIC ISSUES FOR HEALTH SERVICES DEVELOPMENT

✓1. Re-Integrating the Health Pyramid

✓2. Health Personnel Re-Development



✓3. Health Facilities Reconstruction

✓4. Development of Cost-Effective Public Health Programs

✓5. Health Financing For Sustainability